

ISSUE SLIP STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEEDER			
TERMINATION			
O.I.P.E.			
ASSURER			
FORM REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✗	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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